

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/599426

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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46						
47						
48			1			
49				1		
50				1		
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	2	←	0	←
TOTAL CLAIMS	0		3		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
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99						
100						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	20	←	0	←
TOTAL CLAIMS	0		21		0	